Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CARR-10042

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                                                                                                                                                                                                                                                                                                     |                                           |                   |                                     |                       |                  |            | SMALL ENTITY |                                       |    | OTHER THAN<br>OR SMALL ENTITY |                        |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|-------------------------------------|-----------------------|------------------|------------|--------------|---------------------------------------|----|-------------------------------|------------------------|
| TOTAL CLAIMS                                   |                                                                                                                                                                                                                                                                                                                     |                                           | 16                |                                     |                       |                  |            | RATE         | FEE                                   |    | RATE                          | PEE                    |
| FOR                                            |                                                                                                                                                                                                                                                                                                                     |                                           | NUMBER FILED      |                                     | NUMBER EXTRA          |                  |            | BASIC FEE    | 375.00                                | OR | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                        |                                                                                                                                                                                                                                                                                                                     |                                           | 16 minus 20=      |                                     | *6                    |                  |            | X\$ 9=       |                                       | OR | X\$18=                        |                        |
| INDEPENDENT CLAIMS                             |                                                                                                                                                                                                                                                                                                                     |                                           | 2 _ minus 3 = *   |                                     |                       |                  |            | X42=         |                                       | OR | X84=                          |                        |
| MU                                             | ILTIPLE DEPEN                                                                                                                                                                                                                                                                                                       | DENT CLAIM PI                             | RESENT            | •                                   |                       |                  |            | +140=        |                                       | 1  | +280=                         |                        |
| * If                                           | the difference                                                                                                                                                                                                                                                                                                      | in column 1 is                            | less than ze      | ss than zero, enter "0" in column 2 |                       |                  |            | TOTAL        | 1-6                                   | OR | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II                    |                                                                                                                                                                                                                                                                                                                     |                                           |                   |                                     |                       |                  |            | TOTAL        | 33300                                 | OR | OTHER                         | ΤΗΔΝ                   |
| (Column 1)                                     |                                                                                                                                                                                                                                                                                                                     |                                           | (Column 2)        |                                     |                       | (Column 3)       |            | SMALL        | ENTITY                                | OR | SMALL                         |                        |
| AMENDMENT A                                    |                                                                                                                                                                                                                                                                                                                     | CLAIMS REMAINING AFTER AMENDMENT          |                   | HIGH<br>NUM<br>PREVIO<br>PAID       | BER<br>OUSLY          | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE                |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus             | **                                  |                       | 0                |            | X\$ 9=       |                                       | OR | X\$18=                        |                        |
|                                                | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus             | ***                                 | - 0                   |                  |            | X42=         |                                       | OR | X84=                          |                        |
|                                                | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF MI                             | ULTIPLE DEF       | PENDEN                              | CLAIM                 |                  | ]          | +140=        |                                       | OR | +280=                         |                        |
|                                                |                                                                                                                                                                                                                                                                                                                     |                                           |                   |                                     |                       | *'               |            | TOTAL        |                                       |    | TOTAL                         |                        |
|                                                |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |                   | (Column 2) (Colur                   |                       |                  |            | ADDIT. FEE   |                                       | 10 | ADDIT. FEE                    |                        |
| AMENDMENT B                                    |                                                                                                                                                                                                                                                                                                                     | CLAIMS REMAINING AFTER AMENDMENT          |                   | HIGH<br>NUM<br>PREVIO<br>PAID       | HEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE                |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus             | **                                  |                       | = .              |            | X\$ 9=       |                                       | OR | X\$18=                        | •                      |
|                                                | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus             | ***                                 |                       | = -              |            | X42=         |                                       | OR | X84=                          |                        |
| L                                              | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF MI                             | JLTIPLE DEF       | PENDEN                              | CLAIM                 |                  | <b>j</b> · | +140=        |                                       | OR | +280=                         |                        |
|                                                | •                                                                                                                                                                                                                                                                                                                   |                                           |                   |                                     |                       |                  | ı          | TOTAL        |                                       |    | TOTAL                         |                        |
|                                                |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |                   | (Colui                              | mn 2)                 | (Column 3)       |            | ADDIT. FEE I | · · · · · · · · · · · · · · · · · · · |    | ADDIT. FEE                    |                        |
| AMENDMENT C                                    |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID       | IBER<br>OUSLY         | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE                |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus             | **                                  |                       | =                |            | X\$ 9=       |                                       | OR | X\$18=                        |                        |
|                                                | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus             | ***                                 | - 01 4144             | =                |            | X42=         | •                                     | OR | X84=                          |                        |
| <u> </u>                                       | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NIATION OF M                              | ULTIPLE DEPENDENT |                                     | CLAIM                 | CLAIM            |            | +140=        |                                       |    | +280=                         |                        |
|                                                | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Baid For" IN THIS SPACE is less than 20 center "20"                                                                                                                                     |                                           |                   |                                     |                       |                  |            |              |                                       | OR | TOTAL                         |                        |
| **                                             | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                   |                                     |                       |                  |            |              |                                       |    |                               |                        |